

West Virginia Department of Health and Human Resources
BUREAU FOR BEHAVIORAL HEALTH
UNMET NEEDS GRANT PROPOSALS
FOR FY _____

All requests are confidential

Please fill out all information, include all required documents and print legibly to ensure no delays

Date of Application: _____

Name of Applicant who will use Funds: _____

Name of Service Coordinator, Agency, Phone & Email: _____

Diagnoses: _____ **D.O.B.** ____/____/____ **Age of onset:** ____/____/____

Does the individual have a guardian? ☐ YES ☐ NO **Type of Income:** _____

Medley Class Membership? ☐ YES ☐ NO **Income Amount \$** _____

Title XIX Waiver Applicant? ☐ YES ☐ NO

Were other sources of funding, Medicaid, private insurance, requested and /or denied: ☐ Yes ☐ No

Please attach proof of denial.

Please indicate the living arrangements of this consumer: _____

☐ Intellectual Disabilities Unmet Needs:

Service Requested	Total Amount Requested	Medicaid/Medicare/ Insurance Amount Denied	Supporting Documentation Attachment List
Dental	\$	\$	
Medical	\$	\$	
Vision	\$	\$	
Adaptive Equipment	\$	\$	
Home Modification	\$	\$	
Speech, OT, PT	\$	\$	
Start Up	\$	\$	
Other	\$	\$	

**West Virginia Department of Health and Human Resources
BUREAU FOR BEHAVIORAL HEALTH
UNMET NEEDS GRANT PROPOSALS
FOR FY _____**

Please include narrative for request(s)

Signatures

Team Signature/Date
Consumer/Guardian:
Case Manager/IDD Waiver Contact Person:
Medley Advocate
Team Member
Team Member
Team Member